Mana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>05/17/07</u> | Address: | 718 W. Mulberry |
|--|--|---|-----------------------|
| Case #: | <u>16-17297</u> | | Kokomo, Indiana |
| County: | <u>Howard</u> | | |
| Operation | onal Lab al/Glassware/Equipment (only) te (only) | Seizure Location (d Residence Outbuilding Vehicle | theck all that apply) |
| Items Found: Location (hedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Plammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Open No Structure Corrosive Acid: Corrosive Base: Other (item and location): | | | |
| Yes n/s No *If yes, fax report This report Fire Departs Health Departs | r age 18 discovered (check one) (number present) port to Child Protective Services is to be faxed to the following agen ment: Kokomo F.D. artment: Howard Co. ction Service: N/A | ☐ Ephedrine☐ Retail/Me ☐ Other: | ocation: 56-7580 |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: R.A. Burgess Phone 765-473-6666 | | | |

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.